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**APPLICANTS**  
 Richard L. Cunningham, Washington, DC;  
 Robert F. Cohen, Kensington, MD;  
 Russell H. Dumas, Germantown, MD;  
 Gregory L. Merrill, Chevy Chase, MD;  
 Philip G. Feldman, Catonsville, MD;  
 Joseph L. Tasto, Brookeville, MD;

**\*\* CONTINUING DATA \*\*\*\*\*** *None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/28/2001**

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**  
 Immersion Corporation  
 801 Fox Lane  
 San Jose, CA 95131

**TITLE**  
 Haptic interface for palpation simulation

<b>FILING FEE RECEIVED</b> 1566	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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